



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
BUREAU OF PESTICIDE CONTROL

PESTICIDE TECHNICIAN NOTICE OF TRAINING

DATE

| | | | |
|------------------|--|---|-------------------|
| TRAINEE NAME | | BUSINESS NAME | |
| BUSINESS ADDRESS | | CITY | STATE ZIP CODE |
| PROGRAM TITLE | | CATEGORY (CHECK ONE ONLY) <input type="checkbox"/> 3 <input type="checkbox"/> 7A <input type="checkbox"/> 7B | APPROVAL CODE |

| CLASSROOM TRAINING | LIST ALL TRAINING DATES | HOURS | TRAINER'S NAME AND SIGNATURE (IF APPLICABLE, TRAINER'S LICENSE NUMBER) |
|---------------------------------|----------------------------|-------|---|
| PEST IDENTIFICATION | | | |
| EQUIPMENT | | | |
| PESTICIDES | | | |
| ALTERNATIVE CONTROL METHODS | | | |
| LABELS | | | |
| PESTICIDE HAZARDS AND SAFETY | | | |
| PESTICIDE SPILLS | | | |
| PESTICIDE LAWS | | | |

| ON-THE-JOB TRAINING | LIST ALL TRAINING DATES | HOURS | SIGNATURE OF CERTIFIED ON-THE-JOB TRAINER | TRAINER'S LICENSE NO. |
|---------------------------------|----------------------------|-------|--|--------------------------|
| PEST IDENTIFICATION | | | | |
| EQUIPMENT | | | | |
| PESTICIDES | | | | |
| ALTERNATIVE CONTROL METHODS | | | | |
| PESTICIDE HAZARDS AND SAFETY | | | | |
| PESTICIDE SPILLS | | | | |

I certify that all above information is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

| | |
|------------------------|------|
| TRAINEE SIGNATURE | DATE |
| COMPANY REPRESENTATIVE | DATE |